Answer Sheet Information

This document provides information about filling out the answer sheet for Maine EMS written exams.

Each candidate must:

1. Complete all requested information on the answer sheet.

   (a)   write only on the answer sheet and must use #2 lead pencil.

   (b)   be made aware that they must not mark in the examination booklet.

2. Specific Instructions for completing the NREMT answer sheets for First Responder and EMT-B are:

   (a)   **First Responder** - The candidate will fill in the following information on the First Responder answer sheet:

      1. Leave the "Exam Series" blank. There is currently no Exam Series number that NREMT requires be entered for First Responder Exams.

      2. Enter the following on side 1 of the answer sheet:

         1. Date of Exam
         2. Test Site Code (Site Codes for each instructor may be obtained through the regional office or Maine EMS)
         3. Social Security Number
         4. Course Completion Date
         5. Sex
         6. Grade or Education
         7. Candidate's printed name and signature

      3. Enter the following on side 2 of the answer sheet:

         1. Last Name, First Name, Middle Initial
         2. Address
         3. City
         4. State (Maine is "ME")
         5. Zip Code
         6. Birth Date
         7. Ethnic Origin (Optional)

Reminders to Exam Proctor

1. The corresponding letter or number "bubbles" must be completed on all answer sheets.

2. The Exam Proctor must sign in the "Proctor's Signature" box

(b) **EMT-B** - The candidate will complete the following on the EMT-B answer sheet:

1. Exam Series Number (this number is found on the front cover of the NREMT examination booklet)
2. Exam Booklet Number (this number is found on the front cover of the NREMT examination booklet).
3. "Today's date."
4. Name, address, city, state, and zip code.
5. First five letters of the candidate's last name and the candidate's social security number. (It is important that the candidate not only spell out the first five letters of the candidate's last name and the candidate's social security number in the blocks provided, but also that the candidate fill in the corresponding letter "bubble" under each letter or number. This must be done so that the computer scoring the examination will credit the score to the correct candidate.
6. Read the information concerning the exam and sign the answer sheet at the bottom of the page.
7. In the section marked "Do not Mark in this area - Office use only", the Exam Proctor may instruct the candidate to enter the exam series number. This number must be correctly entered, with the corresponding letter and number "bubbles" correctly completed. Failure to correctly list the exam series number will result in the answer sheet being scored with the wrong answer key. For a complete list of exam series see Appendix W. <u>The Exam Proctor is responsible to ensure that the Exam Series blocks are completed and that the corresponding "bubbles" are completed prior to the exam answer sheet being forwarded to the regional office.</u> (For sample answer sheets see Appendix D).

Reminders to Exam Proctor

1. The Exam Proctor must sign in the "Physician's or Assignee's Signature" box

8. **EMT-Intermediate (EMT-I) and EMT-Paramedic (EMT-P) –**
   The EMT-I and EMT-P answer sheet is a general purpose "NCS" form.   The candidate will complete the following:

   1. Name
   2. The candidate's Exam Booklet Number will be placed in the upper left hand corner above the name block.

National Registry of Emergency Medical Technicians
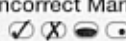## First Responder Application

EXAM SERIES

DATE OF EXAM

MO.	DAY	YR.
0 1	0 2	0 2

FOR OFFICE USE ONLY

TEST SITE CODE	ST
3 2 2	m E

SEX
- M
- F

GRADE OR EDUC

By my signature, I attest to my personal verification that I reviewed a certificate of completion for the First Responder Practical Examination which was met in accordance to NREMT requirements.

_____
Proctor's Signature

Clark Kent
Candidate's Signature

Clark Kent
Candidate's Name

SOCIAL SECURITY NUMBER

1 2 3 – 4 5 – 6 7 8 9

COURSE COMPLETION DATE

MO.	DAY	YR.
1 2 3 0 0 1

SAMPLE

1	A B C D E	11	A B C D E	21	A B C D E	31	A B C D E	41	A B C D E
2	A B C D E	12	A B C D E	22	A B C D E	32	A B C D E	42	A B C D E
3	A B C D E	13	A B C D E	23	A B C D E	33	A B C D E	43	A B C D E
4	A B C D E	14	A B C D E	24	A B C D E	34	A B C D E	44	A B C D E
5	A B C D E	15	A B C D E	25	A B C D E	35	A B C D E	45	A B C D E
6	A B C D E	16	A B C D E	26	A B C D E	36	A B C D E	46	A B C D E
7	A B C D E	17	A B C D E	27	D	37	A B	47	C D E
8		18	A	28		38		48	A B C
9		19	A B C	29	A	39	E	49	A B C
10		20	A B C	30	A	40	A B C D E	50	A B C

51		61	B	71	D	81	C D E	91	C
52	A B C D	62	A B C D E	72		82	A B C D E	92	A B C D E
53	A B C D	63	A B C D E	73		83	A B C D E	93	A B C D E
54	A B C D	64	A B C D E	74	C D E	84	A B C D E	94	A B C D E
55	A C	65	A B C E	75	D E	85	A C D E	95	B C C
56		66	A B C D E	76		86	A B C D E	96	
57	A C	67	A B C D E	77	C	87	A B C D E	97	A B C
58	A C	68	A B C D E	78	C	88	A B C D E	98	A B C
59	A C	D	69	A B C D E	79	D E	89	A B C D E	99	A B C
60		70	C	80		90	D	100	

National Registry of Emergency Medical Technicians
First Responder Application

LAST NAME: KENT

FIRST NAME: CLARK

MI:

ETHNIC ORIGIN

- ○ Native American
- ○ Asian
- ○ Black
- ○ Hispanic
- ○ White
- ● Other

BIRTHDATE

MO.	DAY	YR.
Apr	1 0	6 9

ZIP CODE

4 5 6 7 8

MAILING ADDRESS: 12 FARM ROAD

CITY: SMALLVILLE

ST: KS

SAMPLE

GENERAL PURPOSE - NCS® - ANSWER SHEET
SEE IMPORTANT MARKING INSTRUCTIONS ON SIDE 2

NAME (Last, First, M.I.)

P O P P I N S   m a r y

SEX: M ●

BIRTHDATE
MO. / DAY / YR.

IDENTIFICATION NUMBER

SPECIAL CODES

GENERAL PURPOSE
NCS®
ANSWER SHEET
form no. 4521

IMPORTANT DIRECTIONS FOR MARKING ANSWERS

- Use #2 pencil only.
- Do NOT use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
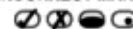- Make no stray marks on the answer sheet.

EXAMPLES

WRONG 1 ① ⊗ ③ ④ ⑤

WRONG 2 ① ② ⊘ ④ ⑤

WRONG 3 ① ② ③ ● ⑤

RIGHT 4 ① ② ③ ● ⑤

DO NOT WRITE IN THIS SPACE

101 A① B② C③ D④ E⑤
102 A① B② C③ D④ E⑤
103 A① B② C③ D④ E⑤
104 A① B② C③ D④ E⑤
105 A① B② C③ D④ E⑤
106 A① B② C③ D④ E⑤
107 A① B② C③ D④ E⑤
108 A① B② C③ D④ E⑤
109 A① B② C③ D④ E⑤
110 A① B② C③ D④ E⑤

111 A① B② C③ D④ E⑤
112 A① B② C③ D④ E⑤
113 A① B② C③ D④ E⑤
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115 A① B② C③ D④ E⑤
116 A① B② C③ D④ E⑤
117 A① B② C③ D④ E⑤
118 A① B② C③ D④ E⑤
119 A① B② C③ D④ E⑤
120 A① B② C③ D④ E⑤

121 A① B② C③ D④ E⑤
122 A① B② C③ D④ E⑤
123 A① B② C③ D④ E⑤
124 A① B② C③ D④ E⑤
125 A① B② C③ D④ E⑤
126 A① B② C③ D④ E⑤
127 A① B② C③ D④ E⑤
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129 A① B② C③ D④ E⑤
130 A① B② C③ D④ E⑤

131 A① B② C③ D④ E⑤
132 A① B② C③ D④ E⑤
133 A① B② C③ D④ E⑤
134 A① B② C③ D④ E⑤
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136 A① B② C③ D④ E⑤
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140 A① B② C③ D④ E⑤

141 A① B② C③ D④ E⑤
142 A① B② C③ D④ E⑤
143 A① B② C③ D④ E⑤
144 A① B② C③ D④ E⑤
145 A① B② C③ D④ E⑤
146 A① B② C③ D④ E⑤
147 A① B② C③ D④ E⑤
148 A① B② C③ D④ E⑤
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150 A① B② C③ D④ E⑤

151 A① B② C③ D④ E⑤
152 A① B② C③ D④ E⑤
153 A① B② C③ D④ E⑤
154 A① B② C③ D④ E⑤
155 A① B② C③ D④ E⑤
156 A① B② C③ D④ E⑤
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159 A① B② C③ D④ E⑤
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170 A① B② C③ D④ E⑤

171 A① B② C③ D④ E⑤
172 A① B② C③ D④ E⑤
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198 A① B② C③ D④ E⑤
199 A① B② C③ D④ E⑤
200 A① B② C③ D④ E⑤

Assessment Examination

© National Registry of Emergency Medical Technicians

EXAM SERIES NUMBER _____

EXAM BOOKLET NUMBER _____

TODAY'S DATE 1-2-02

SOCIAL SECURITY NUMBER 123-45-6789

YOUR NAME Clark Kent

ADDRESS 12 Farm Road

CITY / STATE / ZIP Smallville, KS 45678

YOUR SIGNATURE Clark Kent

PHYSICIAN'S OR ASSIGNEE'S SIGNATURE _____

TEST DATE

MO.	DAY	YR.
Jan. ●	02	02
Feb. ○		
Mar. ○	⓪ ⓪	⓪ ⓪
Apr. ○	① ①	① ①
May ○	② ●	② ●
Jun. ○	③ ③	③ ③
Jul. ○	④ ④	④ ④
Aug. ○	⑤ ⑤	⑤ ⑤
Sep. ○	⑥ ⑥	⑥ ⑥
Oct. ○	⑦ ⑦	⑦ ⑦
Nov. ○	⑧ ⑧	⑧ ⑧
Dec. ○	⑨ ⑨	⑨ ⑨

SAMPLE

1–150: Ⓐ Ⓑ Ⓒ Ⓓ (answer grid, all unmarked)

Assessment Examination

Attach Fee Here (*Do Not Staple*)

LAST NAME	FIRST NAME	MI	TEST SITE CODE	ST	EXAM SERIES
KENT	CLARK	K	522	ME	BC3

SOCIAL SECURITY NUMBER

123 - 45 - 6789

BIRTH DATE

MO.	DAY	YR.
Jul.	01	969

EMT-Basic Application

The National Registry of Emergency Medical Technicians

I am submitting this application to test at

KVTC — Name of Facility   in   Fairfield — City

ME — State   on   1-2-02 — Date (MM/DD/YY)

B ☐☐☐☐☐☐ Date Received
Fee Number
Written Exam Date

Application Date: 12-20-2001
Social Security Number: 123-45-6789

Have you ever applied for NREMT-B registration? ○ Yes ● No

If you possess current state certification as an EMT, please list your current state EMT certification number in the space provided and attach a copy of your current EMT card

Current EMT Number — Please attach copy of card

Last Name: KENT
First Name: CLARK
MI:

Mailing Address: 12 FARM ROAD
Program Code: 381-ME
Gender: ● Male ○ Female

City: SMALLVILLE
State: KS
Zip Code + 4: 45678-
Date of Birth: 07-10-1969

APPROVED EMT-B COURSE: Applicant must have completed an approved EMT-Basic Training Program that equals or exceeds the objectives of the National Standard EMT-Basic Curriculum. Attach a copy of your course completion certificate or a copy of your current EMT-B card. If your initial EMT-Basic training program is more than two years old and you hold current state certification as an EMT-Basic, you must document completion of 24 hours of approved EMT-B refresher training within the past two years and attach official documentation to this application.

Name of initial training institution or agency	Street Address	City	State	Zip Code
Kennebec Valley Technical College	Western A...	Fairfield	ME	04937

Initial Course Instructor/Course Coordinator: Lex Luther
Course Completion Date: 12-31-2001
Classroom Hours: 120

Refresher Course Instructor/Course Coordinator:
Refresher Completion Date: ☐☐-☐☐-☐☐☐☐
Classroom Hours:

What is the highest level of education you have completed?
- ○ Didn't complete high school
- ○ High school graduate/GED
- ○ Associate's degree
- ● Bachelor's degree
- ○ Graduate degree

Please indicate the type of EMT-B service you are or will be affiliated with. (mark all that apply)
- ● Fire Department
- ○ Private
- ○ Hospital-Based
- ○ 3rd Service
- ○ Volunteer
- ○ Other
- ○ U.S. Government
- ○ Army
- ○ Navy
- ○ Air Force
- ○ Coast Guard

Will you be paid for your services as an EMT-B?
- ○ Yes
- ● No
- ○ Not yet affiliated

Ethnic Origin
- ○ Native American
- ○ Asian
- ○ Black
- ○ Hispanic
- ○ White
- ● Other

Felony Statement

○ Yes ● No — Have you ever been convicted of a felony

○ Yes ● No — Have you ever been subject to limitation, suspension, or termination of your right to practice in a health care occupation or voluntarily surrendered a health care licensure in any state or to an agency authorizing the legal right to work?

If you answered "yes" to either question, you must provide official documentation that fully describes the offense, current status, and disposition of the case

Candidate Statement and Signature: I hereby affirm and declare that the above information on this application is true and correct and that any fraudulent entry may be considered a sufficient cause for rejection or subsequent revocation. I further agree to abide by all policies and procedures of the National Registry of EMTs, and hereby authorize the NREMT to release my examination scores to the teaching institution/agency, any state office of Emergency Medical Services, or any agency authorizing the legal right to practice. I further permit the NREMT to release my current status (registered or not registered) with the NREMT to the public 30 days following mailing of my test scores.

Applicant Signature: Clark Kent

EMT-Basic Practical Examination Verification

This is to verify that on 01-2002 — Date (MM-YYYY) — Clark Kent — Candidate's Name — completed a state-approved practical examination at KVTC — Examination Site and State — equal to or exceeding the criteria established by the NREMT and performed satisfactorily so as to be deemed competent in the following skills:

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Cardiac Arrest Management/AED
- Bag-Valve-Mask (Apneic Patient)
- Spinal Immobilization (Seated or Supine Patient)
- Random Skill Verification

Physician Name (Print or Type):
Physician Signature:
License #:

Agent or Assignee's Name (Print or Type):
Agent or Assignee's Signature: Paula ...
Agent or Assignee's Title:

MAINE EMS Training/Testing Materials MEMS

Section I: CPR Credential

As the candidate's CPR instructor/training officer, I hereby verify the candidate has been examined and performed satisfactorily so as to be deemed competent in each of the following skills:

Paula Nadeau   1/5/02
Verifying Signature

Adult 1 & 2 Rescuer CPR
Adult Obstructed Airway Maneuvers
Child CPR
Child Obstructed Airway Maneuvers
Infant CPR
Infant Obstructed Airway Maneuvers

CPR Expiration Date

`03 - 15 - 2002`

> Please submit a copy of your current CPR card and/or ensure the appropriate verification signatures are affixed to this section of the application

Section II: Statement of Competency in EMT-Basic Skills

As the EMT-Basic Training Program Director or service director of training/operations, I verify that _____ has been examined and performed satisfactorily so as to be deemed competent in each of the following skills: (Candidate's Name)

Patient Assessment/Management - Trauma
Patient Assessment/Management - Medical
Cardiac Arrest Management/AED
Bleeding Control/Shock Management
Bag-Valve-Mask Apneic Patient
Supplemental Oxygen Administration
Upper Airway Adjuncts and Suction

Mouth-to-Mask with Supplemental Oxygen
Spinal Immobilization Supine Patient
Spinal Immobilization Seated Patient
Long Bone Immobilization
Joint Dislocation Immobilization
Traction Splinting

Signature: _____   Date: 5/02

Name (Please Print) _____

Title (Please Print) _____   Telephone # _____

Character Reference

Name	Street Address	City	State	Zip Code

National Registry EMT-Basic Application Information

Entry Requirements:

1. Successful completion of a state-approved EMT-Basic training program within the past 24 months, that equals or exceeds the behavioral objectives of the EMT-Basic National Standard Curriculum as developed and promulgated by the U.S. Department of Transportation
2. If the candidate's initial EMT-Basic training completion date is beyond 24 months and the candidate has maintained state certification as an **EMT-Basic,** the candidate must document completion of 24 hours of state-approved EMT-Basic refresher training that meets all objectives of the current EMT-Basic National Standard Refresher Curriculum. Program completion date can be no older than 24 months from the date of **testing.**
3. Current CPR credential verifying competence in the skills listed in the "CPR Credential" **section of this application.**
4. The **EMT-Basic Practical Examination Verification** section of the application must be signed by the Physician Medical **Director or the agent or assignee of the physician** attesting to the candidates successful completion, within the past **12 months,** of a practical examination that meets or exceeds the criteria established by the NREMT.
5. **Section II : Statement of Competency in EMT-Basic Skills** (above) must be signed by the EMT-Basic Training Program Director or the Director of Training/Operations. **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
6. Submission of a completed application and official course completion documentation attesting to the above requirements as well as all other published entry requirements of the National Registry of EMTs.
7. Submission of the appropriate fee. Registration fee for first time candidates is $15.00. This fee will increase to $20.00 effective January 1, 2002. All re-attempts of the examination will require the submission of a $15.00 registration fee. This fee will increase to $20.00 effective January 1, 2002.
8. Successful completion of the National Registry EMT-Basic written examinations.

Checklist for Submitting an Application for the National Registry EMT-Basic Examination Process:

1. Have you, your Physician Medical Director, and/or your training director or service director of training/operations signed the application? **Applications submitted for each re-examination must also be completed in their entirety and signed in an original fashion.**
2. Have you attached a copy of your CPR card which will be current and valid at the time of the examination or has your CPR instructor affixed his or her signature to the appropriate space in the **"CPR Credential"** section of this application?
3. Have you or your program director attached to this application official documentation of successful completion of state-approved EMT-Basic training which meets or exceeds the behavioral objectives of the current EMT-Basic National Standard Curriculum?
4. Have you filled in all of the information requested on the application, including the felony statement?
5. Have you attached a check or money order in the appropriate amount to this application. All attempts of the written examination require submission of a $15.00 check or money order. The fee will increase to $20.00 effective January 1, 2002.
6. Be sure to bring an official photo identification (driver's license) and two #2 pencils to the examination site.
7. For more information please visit our homepage at http://www.nremt.org or contact us via telephone at (614)888-4484.

Payments or contributions to the NREMT are not deductible as charitable contributions for Federal Income Tax purposes. Payments may be deductible as a business expense. If in doubt, please contact your tax advisor.

4 7 7 1 1 2

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS

EXAM SERIES NUMBER _BB1_   **EXAM BOOKLET NUMBER** _123_   **TODAY'S DATE** _1-1-02_

YOUR NAME _Mary Poppins_

ADDRESS _555 Main Street_   **CITY/STATE/ZIP** _Oak ME 04963_

FIRST 5 LETTERS OF LAST NAME

P O P P I

SOCIAL SECURITY NUMBER

0 1 2 3 4 5 6 7 8

DO NOT MARK IN THIS AREA OFFICE USE ONLY

REGISTRY NUMBER   EXAM SERIES

Proper Marks ● ● ● ●   **Improper Marks** ⊗ ⊘ ⊙ ◓
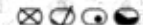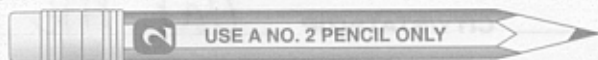
You must understand that any irregularities connected with this examination, such as giving or obtaining unauthorized information or aid, as evidenced by direct observation of the proctor(s) or subsequent analysis of examination results, may be sufficient cause to terminate your participation, to invalidate the results of your examination, or to take other appropriate action even if there is no evidence of improper conduct by you. In such cases, the National Registry reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted. **You must not copy any material from the examination or make recordings of this examination at any time or in any way. Efforts to construct the examination using your memory or that of others are prohibited. You must not duplicate any questions and should report any evidence of activities of this nature to the National Registry.**

YOUR SIGNATURE _Mary Poppins_   **PHYSICIAN'S OR ASSIGNEE'S SIGNATURE** _____

1. Use only a No. 2 pencil for marking answers.
2. Completely fill in the area within the space.
3. Mark only one answer for each question.
4. Do not make any stray marks on your Answer Sheet. (Such marks may be counted as errors)
5. Erase completely any answer you wish to change.

USE A NO. 2 PENCIL ONLY

Proper Marks

Improper Marks

1. Ⓐ Ⓑ Ⓒ Ⓓ	31. Ⓐ Ⓑ Ⓒ Ⓓ	61. Ⓐ Ⓑ Ⓒ Ⓓ	91. Ⓐ Ⓑ Ⓒ Ⓓ	121. Ⓐ Ⓑ Ⓒ Ⓓ
2. Ⓐ Ⓑ Ⓒ Ⓓ	32. Ⓐ Ⓑ Ⓒ Ⓓ	62. Ⓐ Ⓑ Ⓒ Ⓓ	92. Ⓐ Ⓑ Ⓒ Ⓓ	122. Ⓐ Ⓑ Ⓒ Ⓓ
3. Ⓐ Ⓑ Ⓒ Ⓓ	33. Ⓐ Ⓑ Ⓒ Ⓓ	63. Ⓐ Ⓑ Ⓒ Ⓓ	93. Ⓐ Ⓑ Ⓒ Ⓓ	123. Ⓐ Ⓑ Ⓒ Ⓓ
4. Ⓐ Ⓑ Ⓒ Ⓓ	34. Ⓐ Ⓑ Ⓒ Ⓓ	64. Ⓐ Ⓑ Ⓒ Ⓓ	94. Ⓐ Ⓑ Ⓒ Ⓓ	124. Ⓐ Ⓑ Ⓒ Ⓓ
5. Ⓐ Ⓑ Ⓒ Ⓓ	35. Ⓐ Ⓑ Ⓒ Ⓓ	65. Ⓐ Ⓑ Ⓒ Ⓓ	95. Ⓐ Ⓑ Ⓒ Ⓓ	125. Ⓐ Ⓑ Ⓒ Ⓓ
6. Ⓐ Ⓑ Ⓒ Ⓓ	36. Ⓐ Ⓑ Ⓒ Ⓓ	66. Ⓐ Ⓑ Ⓒ Ⓓ	96. Ⓐ Ⓑ Ⓒ Ⓓ	126. Ⓐ Ⓑ Ⓒ Ⓓ
7. Ⓐ Ⓑ Ⓒ Ⓓ	37. Ⓐ Ⓑ Ⓒ Ⓓ	67. Ⓐ Ⓑ Ⓒ Ⓓ	97. Ⓐ Ⓑ Ⓒ Ⓓ	127. Ⓐ Ⓑ Ⓒ Ⓓ
8. Ⓐ Ⓑ Ⓒ Ⓓ	38. Ⓐ Ⓑ Ⓒ Ⓓ	68. Ⓐ Ⓑ Ⓒ Ⓓ	98. Ⓐ Ⓑ Ⓒ Ⓓ	128. Ⓐ Ⓑ Ⓒ Ⓓ
9. Ⓐ Ⓑ Ⓒ Ⓓ	39. Ⓐ Ⓑ Ⓒ Ⓓ	69. Ⓐ Ⓑ Ⓒ Ⓓ	99. Ⓐ Ⓑ Ⓒ Ⓓ	129. Ⓐ Ⓑ Ⓒ Ⓓ
10. Ⓐ Ⓑ Ⓒ Ⓓ	40. Ⓐ Ⓑ Ⓒ Ⓓ	70. Ⓐ Ⓑ Ⓒ Ⓓ	100. Ⓐ Ⓑ Ⓒ Ⓓ	130. Ⓐ Ⓑ Ⓒ Ⓓ
11. Ⓐ Ⓑ Ⓒ Ⓓ	41. Ⓐ Ⓑ Ⓒ Ⓓ	71. Ⓐ Ⓑ Ⓒ Ⓓ	101. Ⓐ Ⓑ Ⓒ Ⓓ	131. Ⓐ Ⓑ Ⓒ Ⓓ
12. Ⓐ Ⓑ Ⓒ Ⓓ	42. Ⓐ Ⓑ Ⓒ Ⓓ	72. Ⓐ Ⓑ Ⓒ Ⓓ	102. Ⓐ Ⓑ Ⓒ Ⓓ	132. Ⓐ Ⓑ Ⓒ Ⓓ
13. Ⓐ Ⓑ Ⓒ Ⓓ	43. Ⓐ Ⓑ Ⓒ Ⓓ	73. Ⓐ Ⓑ Ⓒ Ⓓ	103. Ⓐ Ⓑ Ⓒ Ⓓ	133. Ⓐ Ⓑ Ⓒ Ⓓ
14. Ⓐ Ⓑ Ⓒ Ⓓ	44. Ⓐ Ⓑ Ⓒ Ⓓ	74. Ⓐ Ⓑ Ⓒ Ⓓ	104. Ⓐ Ⓑ Ⓒ Ⓓ	134. Ⓐ Ⓑ Ⓒ Ⓓ
15. Ⓐ Ⓑ Ⓒ Ⓓ	45. Ⓐ Ⓑ Ⓒ Ⓓ	75. Ⓐ Ⓑ Ⓒ Ⓓ	105. Ⓐ Ⓑ Ⓒ Ⓓ	135. Ⓐ Ⓑ Ⓒ Ⓓ
16. Ⓐ Ⓑ Ⓒ Ⓓ	46. Ⓐ Ⓑ Ⓒ Ⓓ	76. Ⓐ Ⓑ Ⓒ Ⓓ	106. Ⓐ Ⓑ Ⓒ Ⓓ	136. Ⓐ Ⓑ Ⓒ Ⓓ
17. Ⓐ Ⓑ Ⓒ Ⓓ	47. Ⓐ Ⓑ Ⓒ Ⓓ	77. Ⓐ Ⓑ Ⓒ Ⓓ	107. Ⓐ Ⓑ Ⓒ Ⓓ	137. Ⓐ Ⓑ Ⓒ Ⓓ
18. Ⓐ Ⓑ Ⓒ Ⓓ	48. Ⓐ Ⓑ Ⓒ Ⓓ	78. Ⓐ Ⓑ Ⓒ Ⓓ	108. Ⓐ Ⓑ Ⓒ Ⓓ	138. Ⓐ Ⓑ Ⓒ Ⓓ
19. Ⓐ Ⓑ Ⓒ Ⓓ	49. Ⓐ Ⓑ Ⓒ Ⓓ	79. Ⓐ Ⓑ Ⓒ Ⓓ	109. Ⓐ Ⓑ Ⓒ Ⓓ	139. Ⓐ Ⓑ Ⓒ Ⓓ
20. Ⓐ Ⓑ Ⓒ Ⓓ	50. Ⓐ Ⓑ Ⓒ Ⓓ	80. Ⓐ Ⓑ Ⓒ Ⓓ	110. Ⓐ Ⓑ Ⓒ Ⓓ	140. Ⓐ Ⓑ Ⓒ Ⓓ
21. Ⓐ Ⓑ Ⓒ Ⓓ	51. Ⓐ Ⓑ Ⓒ Ⓓ	81. Ⓐ Ⓑ Ⓒ Ⓓ	111. Ⓐ Ⓑ Ⓒ Ⓓ	141. Ⓐ Ⓑ Ⓒ Ⓓ
22. Ⓐ Ⓑ Ⓒ Ⓓ	52. Ⓐ Ⓑ Ⓒ Ⓓ	82. Ⓐ Ⓑ Ⓒ Ⓓ	112. Ⓐ Ⓑ Ⓒ Ⓓ	142. Ⓐ Ⓑ Ⓒ Ⓓ
23. Ⓐ Ⓑ Ⓒ Ⓓ	53. Ⓐ Ⓑ Ⓒ Ⓓ	83. Ⓐ Ⓑ Ⓒ Ⓓ	113. Ⓐ Ⓑ Ⓒ Ⓓ	143. Ⓐ Ⓑ Ⓒ Ⓓ
24. Ⓐ Ⓑ Ⓒ Ⓓ	54. Ⓐ Ⓑ Ⓒ Ⓓ	84. Ⓐ Ⓑ Ⓒ Ⓓ	114. Ⓐ Ⓑ Ⓒ Ⓓ	144. Ⓐ Ⓑ Ⓒ Ⓓ
25. Ⓐ Ⓑ Ⓒ Ⓓ	55. Ⓐ Ⓑ Ⓒ Ⓓ	85. Ⓐ Ⓑ Ⓒ Ⓓ	115. Ⓐ Ⓑ Ⓒ Ⓓ	145. Ⓐ Ⓑ Ⓒ Ⓓ
26. Ⓐ Ⓑ Ⓒ Ⓓ	56. Ⓐ Ⓑ Ⓒ Ⓓ	86. Ⓐ Ⓑ Ⓒ Ⓓ	116. Ⓐ Ⓑ Ⓒ Ⓓ	146. Ⓐ Ⓑ Ⓒ Ⓓ
27. Ⓐ Ⓑ Ⓒ Ⓓ	57. Ⓐ Ⓑ Ⓒ Ⓓ	87. Ⓐ Ⓑ Ⓒ Ⓓ	117. Ⓐ Ⓑ Ⓒ Ⓓ	147. Ⓐ Ⓑ Ⓒ Ⓓ
28. Ⓐ Ⓑ Ⓒ Ⓓ	58. Ⓐ Ⓑ Ⓒ Ⓓ	88. Ⓐ Ⓑ Ⓒ Ⓓ	118. Ⓐ Ⓑ Ⓒ Ⓓ	148. Ⓐ Ⓑ Ⓒ Ⓓ
29. Ⓐ Ⓑ Ⓒ Ⓓ	59. Ⓐ Ⓑ Ⓒ Ⓓ	89. Ⓐ Ⓑ Ⓒ Ⓓ	119. Ⓐ Ⓑ Ⓒ Ⓓ	149. Ⓐ Ⓑ Ⓒ Ⓓ
30. Ⓐ Ⓑ Ⓒ Ⓓ	60. Ⓐ Ⓑ Ⓒ Ⓓ	90. Ⓐ Ⓑ Ⓒ Ⓓ	120. Ⓐ Ⓑ Ⓒ Ⓓ	150. Ⓐ Ⓑ Ⓒ Ⓓ